



The Face of Women's Health: Helen Rodriguez-Trias

The American Public Health Association has announced that it will establish an award in the name of Helen Rodriguez-Trias, MD, its first Latina president, who died of lung cancer on December 27, 2002. Rodriguez-Trias, a nationally known advocate for underserved communities, was awarded the Presidential Citizens Medal by President Clinton in January 2001 for her work on behalf of children, women, people with AIDS, and the poor. This article is based on a dialogue with Rodriguez-Trias that began in September 2001 and ended December 12, 2001.

“Anybody who could afford an abortion could get a perfectly fine one. . . . [But if] a poor woman needed an abortion, she came to the University Hospital in the middle of the night and said she had fallen and was having a miscarriage.”

—Helen Rodriguez-Trias

Joyce Wilcox

HELEN RODRIGUEZ-TRIAS, MD, was an inspiration and a role model. As a pediatrician, she strove to meet the health needs of the poorest children, from San Juan to the South Bronx. She was medical director of the New York State AIDS Institute from 1988 to 1989, and she was named the first Latina president of the American Public Health Association (APHA) in 1993. Rodriguez-Trias may be best known, however, for her pivotal role in the women's health movement.

Rodriguez-Trias's strong grounding in her Puerto Rican nationality shaped all her work. She was born in New York City in 1929. When she was still an infant, her family returned to Puerto Rico, where she spent her

first 10 years. “My mother was a schoolteacher who fought for reforms such as the right to teach in Spanish, the vernacular,” she explained. “English was imposed upon the Puerto Rican school system when the US military invaded in 1898.”

In 1939, when she was 10 years old, her family moved back to New York City. “In Puerto Rico, racism was subtle. There wasn't the kind of separatist racism like in the US. I wasn't used to this.” Rodriguez-Trias got good grades and learned English fairly fast. “Yet, when I graduated from sixth grade, I ended up in a class considered to be of the poor students. . . . One day I was called upon to recite a poem, and I knew the poem by heart. The

teacher said, ‘Why are you in this class?’ She moved me to the class with the bright kids.

“All this must have been because of my [Latino] name. It wasn't the grades. I might have just as well gone down the tubes academically if that teacher hadn't moved me out of that class. This is an example of how pivotal teachers are. So many children are misplaced, tracked, or put in environments that don't foster learning.”

Rodriguez-Trias wanted to be a physician because medicine “combined the things I loved the most, science and people. In the US, this was almost an impossible dream. We were really struggling. My mother was not able to get a teacher's license in New

York, as bilingualism was considered a handicap. She took in boarders to pay the rent. She decided that I should go to Puerto Rico to study because there was a very good scholarship system there.”

It was in 1948 that Rodriguez-Trias arrived at the University of Puerto Rico in San Juan. The school had a “very strong movement for Puerto Rican independence. Nationalist leader Don Pedro Albizu Campos, who had just been released after serving 10 years in a US jail, was invited to speak by the student council. But the university president would not allow it. There were about 6000 students on campus, and we all went on strike. The president closed the university for 2 months. Then my brother, who was helping me with college expenses, said if I were in a political movement he would no longer help me. So I left school and went back to New York. I got married and had 3 children in quick succession. It was 7 years before I went back to Puerto Rico and returned to school.”

She graduated from medical school in 1960 at the age of 31, completed her residency at University Hospital in San Juan, and then returned to New York City. Rodriguez-Trias became the director of pediatrics at Lincoln Hospital in 1970, a time of social upheaval in the largely Puerto Rican community served by the hospital. At the same time, the Pediatrics Department contained young doctors who, while innovative and progressive, were not all equally sensitive to Puerto Rican culture. Rodriguez-Trias was able to bridge the gap. She backed the community’s call for social change while attempting to sensitize her staff.

INTEREST SPARKED BY RESTRAINTS ON MOTHER, AUNTS, AND SISTERS

As she looked back on her life, Rodriguez-Trias believed her interest in women’s development was sparked by “the experiences of my own mother, my aunts and sisters, who faced so many restraints in their struggle to flower and realize their full potential.”

Although she was not involved in the women’s movement in Puerto Rico, she recalled another medical student criticizing a lecturer for saying, “There are only 2 kinds of abortion, therapeutic and criminal.” “The implication,” she explained, “was that there were practically no indications for abortion except in cases of pending death of the mother [therapeutic abortions]. This student said, ‘This is a Catholic perspective. There’s no discourse.’ She really made me think more critically, and I began to look around.

“I saw that anybody who could afford an abortion could get a perfectly fine one. It would be written up as an appendectomy. Women from the US used to go to Havana to get abortions.” In the 1960s, “San Juan became the point where women converged. There were large abortion clinics there that were doing very well.” These were very expensive, however.

“If a poor woman needed an abortion, she came to the University Hospital in the middle of the night and said she had fallen and was having a miscarriage.” Some were already infected from incompetent or even self-attempted abortions. While doing her internship, Rodriguez-Trias saw a mother of 5 children die from a botched abortion. These in-

equities, and the way gynecologists and obstetricians treated all women, bothered her a great deal.

WOMEN’S HEALTH MOVEMENT

“What brought me to the women’s movement was the women’s health movement,” she explained. “The cultural elements of feminism didn’t resonate with me, but abortion resonated with me. I became part of the women’s movement in October 1970 at an international meeting on abortion rights attended by several thousand women and held at Barnard College in New York City.”

What was the women’s health movement? Begun 30 years ago, this movement changed the way many women and practitioners think about women’s health and medical care.¹ “Women brought a feminist perspective to health issues affecting women,” said Rodriguez-Trias. “They examined power relationships among individuals and between individuals and systems. The very early drafts of *Our Bodies, Ourselves*, by the Boston Women’s Health Collective, which was seminal in all this, said we need to know our bodies, we need to know what makes us healthy and what threatens our health, and we need to negotiate or confront the health care system to get the best possible health from it.

“The specialty of obstetrics-gynecology created folks very geared toward surgical solutions. This was one reason why cesarean section rates were going up. This didn’t necessarily respect women’s wishes regarding childbearing or other issues. The only way to effect change was for more women to go into the

professions and instill a different perspective—a more human touch and a more respectful relationship with patients.” How was it for a woman of color starting out in what was predominantly a White women’s movement? “It wasn’t just color, it was social class,” Rodriguez-Trias emphasized. “The movement was very diverse, but the more public positions articulated by the movement didn’t include the experiences or concerns of women of color or of poor women.

“I went to conferences and get-togethers—one big one in Antioch was attended by several thousand women.” The women talked mostly about cultural issues. “The Third World women, as we called ourselves then, would get together and craft a social and economic agenda. ‘If we’re going to have a movement, it has to be about equity,’ we said, ‘about getting economic power, about ending violence against women.’ When we did our presentation it turned the whole conference around, made it more concrete, and focused it on important issues. I saw this happen in many many forums. The women of color would state their positions, and it would become another meeting. You really had to deal with the inequities.”

STOPPING STERILIZATION ABUSE

In the United States, African American, Puerto Rican, Chicano, indigenous, and poor women have been more likely to be sterilized than White women from the same or higher socioeconomic classes. Women with physical disabilities whom physicians judge to be “unfit to reproduce” have also been sterilized

since the eugenics movement in the 1920s. By 1968, in a 30-year period, a third of the women of childbearing age had been sterilized in Puerto Rico. Sterilization abuse was so common among African American women in the South that a woman's having her fallopian tubes tied or uterus removed without her knowledge or consent was called the "Mississippi appendectomy."^{1(p337)}

Rodriguez-Trias helped create both the Committee to End Sterilization Abuse and the Committee for Abortion Rights and Against Sterilization Abuse, which were among the groups instrumental in bringing about federal sterilization guidelines in 1979. Their struggle was opposed even within the women's movement.

She described what happened when this issue came up at a Boston conference in 1974, attended by thousands of women. "We had a panel on sterilization abuse, which had to do with disrespect for women's needs, wishes, and hopes. We brought up the Relf suit, brought on behalf of 2 Black, allegedly retarded girls, Minnie Lee Relf, age 12, and Mary Alice Relf, age 14, who had been sterilized without their knowledge or consent in a federally funded program in Montgomery, Alabama.

"The Southern Poverty Law Center found out about the girls, and interviewed the mother, who said she thought she was consenting to the girls' getting a contraceptive. She signed the consent form with an X because she couldn't read and write. The case went to federal court, which said there was incontrovertible evidence that sterilization abuse was taking place, that some sterilization abuse was being subsidized

by the government, and enjoined HEW [US Department of Health, Education, and Welfare] to come up with guidelines to prevent sterilization abuse."

Rodriguez-Trias was among those who brought this and other cases before a panel at the Boston meeting. "We got a lot of flack from White women who had private doctors and wanted to be sterilized," she said. "They had been denied their request for sterilization because of their status (unmarried), or the number of their children (usually the doctor thought they had too few). They therefore opposed a waiting period or any other regulation that they interpreted as limiting access . . . While young white middle class women were denied their requests for sterilization, low income women of certain ethnicity were misled or coerced into them," she explained.

"I began to understand that we were coming to different conclusions because we were living different realities," she explained. "The women's movement is heterogeneous; people have different perspectives. The women's movement has been successful only to the extent that it shares experience, finds common ground, and fights for the same thing.

"I am proud that I made my contribution in moving forward that dialogue among many women, a dialogue that took place over many years. We had to listen to each other; we had to find out each other's reality. For example, I had a professional salary. I didn't know what it's like to live on welfare."

APHA FORMS WOMEN'S CAUCUS

Her work on sterilization abuse led Rodriguez-Trias to

public health. She came to her first APHA meeting in 1971 in Minneapolis, to make a presentation on sterilization in Puerto Rico. That year, she explained, "a large group of women got together to eventually create the Women's Caucus. We sat on the floor, mostly strangers to each other. A few were in the uniform of officers of the Public Health Service, mostly nurses, some physicians. Some wore the bright, eclectic fashions of the counterculture. Maybe one tenth were Black and Latino women, more than I was used to seeing in feminist gatherings.

"Woman followed upon woman with moving and sometimes tragic stories of abuses: back alley abortions, medical treatment denied because of lack of money, little recognition for their work as professionals, sexual harassment. We voiced a determination to organize and contribute to the changes we all felt were needed.

"That was the year that public professionals provided jobs for people in the community who came into health work. I joined because I felt it was the leading public health organization. I became a member in 1972 and have been active ever since. APHA has always provided a home for people in public health with a broad view of what public health is. Public health is really about people's life conditions and how these conditions do or do not promote health. APHA is committed to equity and ending all barriers, and has always been committed to civil, human and health rights. It's a wonderful place for women to be."

Rodriguez-Trias codirected the Pacific Institute for Women's Health in Los Angeles from 1996 to 1999. The institute has

programs designed to further women's health in the United States, Africa, Latin America, the Middle East, and Asia. Rodriguez-Trias focused her work on health policy, access to care, and integration of all aspects of reproductive health in programs serving women. She was also a consultant in health programming for agencies and foundations addressing the needs of such populations as HIV-infected individuals, women, children, and adolescents.

WOMEN'S HEALTH NOW

Much has been done in the area of women's health. There are now more women practitioners and researchers than ever before, yet the health of women and children is not significantly improving.^{2,3} Why is this so?

Rodriguez-Trias said that there are "more subtle kinds of incentives or coercion for sterilization. Take welfare reform and the pressure not to have additional children. That is a not-so-subtle coercion. . . . Lack of access to abortion services may also push women to get sterilization. . . . Currently, over 80% of the counties in the US don't have abortion clinics and there are all kinds of restrictions on state levels. We stopped funding abortion services for low-income women recipients of Medicaid. . . . Sterilization is a more contextual and complex phenomenon as it now applies to lower-income women and women of color.

"We still have a system that excludes, underserves, and even misrepresents all too many people. The latest census tells us that there are over 44 million Americans without health insurance. That is inexcusable.

"The failed social policies of the past few decades have widened the gaps between rich and poor, well and poorly educated, medically indigent and consumers of elective high-tech surgery, owners of multi-mansions and the homeless," Rodriguez-Trias explained. "We need health, but above all we need to create a grounding for healthy public policy that redresses and salvages the growing inequities. We cannot achieve a healthier us without achieving a healthier, more equitable health care system, and ultimately, a more equitable society." ■

About the Author

The author is former assistant editor of the Journal.

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"Helen Challenged Us to Listen to Women"

"Helen was among the few women physicians who understood and became immersed in the women's health movement. Her perspectives and politics help us shape and sharpen our women's health analysis. She is a national treasure."

—Bylye Avery

Founder, National Black Women's Health Project

"Helen challenged us to listen to women and to acknowledge women's realities. One of her greatest gifts to the women's health movement was her insistence that we not only listen to women's descriptions of their experience with health care, but that we build policies and programs that acknowledged those experiences and responded to them."

—Cynthia Pearson

Executive Director, National Women's Health Network

"Helen was immensely supportive both before and after she joined our Advisory Board, whether with advice for *Nuestros Cuerpos, Nuestras Vidas*, the new Spanish language cultural adaptation of *Our Bodies, Ourselves*, or with how to handle a controversy over the history of sterilization abuse in the United States. Her wisdom, tact, and honesty made her a remarkable teacher, friend, and advocate to hundreds in the women's health movement."

—Judy Norsigian

Executive Director and Cofounder
Boston Women's Health Book Collective
Coauthor, *Our Bodies, Ourselves for the New Century*

"Helen has impacted the work of many Puerto Rican women health activists. It was her vision that propelled the work of the Latin Women's Collective in New York during the 1970s. We organized working-class women to take control of their bodies. We educated ourselves and demanded government-subsidized abortions, an end to sterilization abuse, and accountability from the medical establishment. Her legacy continues in our work today as we continue to educate each other and advocate for our right to free patient-centered health care."

—Esperanza Martell

Program Director, Casa Atabex Ache
The House of Women's Power
South Bronx, NY
Editor, *Women Under Attack: Victories, Backlash, and the Fight for Reproductive Freedom*

"I worked closely with Helen from 1975 to 1978 in the Committee to End Sterilization Abuse, which she helped found in 1974. An activist and passionate advocate for poor women of color, Helen educated a generation of women activists of all colors who sought to advance women's rights through health. Inspired by Helen, we united the need for abortion rights with the fight against sterilization abuse and developed the far-reaching concept of reproductive rights (that a number of conditions must be met before all women can be truly free). If anyone deserves the title of mother of the movement for reproductive rights it's Helen Rodriguez-Trias."

—Susan E. Davis

Editor, *Women Under Attack, Backlash, and the Fight for Reproductive Freedom*

"Reflecting on the many contributions of Dr Rodriguez-Trias to improving the health of the Latino populations, one of the most critical for the Latino Caucus members has been her leadership as a role model, mentor, and supporter in forming and pushing a sound Latino health agenda within APHA as well as with the public health professional community-at-large. Her keen insight into what it takes to get Latino health issues surfaced and addressed in a mainstream world has been very effective, especially around women's issues, reproductive concerns, and protecting children's health."

—Dr Adriana Linares

Chair of the Latino Caucus of the American Public Health Association and with the University of Texas School of Public Health at Houston

"I was fortunate to share the directorship of the Pacific Institute for Women's Health with Helen. She brought to the institute her unwavering commitment to women's health issues and to the needs of those whose access to health services or other societal benefits may be impeded by their age, by poverty, or because of discrimination based on gender, race, ethnicity, or culture. She shared with me and the institute her experiences, leadership abilities, wisdom, maturity, ethics, humor, and caring interpersonal skills. She mentored me in the art of diplomacy and inspired me to confront the challenges that we face in our efforts to improve the health and well-being of all women."

—S. Marie Harvey

Associate Professor of Public Health
Director of the Research Program on Women's Health
University of Oregon

"I am one of the many women who has been blessed by the mentorship of Helen. Because of my close work with her in the Committee to End Sterilization Abuse (1974-1978), I learned about political activism in public health and women's health. Most important, I recognize her human compassion with her political analysis. My experiences and lessons gave impetus to the creation of Taller Salud in Puerto Rico. Founded in 1979 as a strictly volunteer organization, it has grown to be community-based organization working with prevention projects on breast cancer, teen pregnancy, violence and HIV/AIDS. Helen's contributions have also been felt in other local organizations dedicated to women's health and public health."

—Carmita Guzmán

Director and Cofounder, Taller Salud
San Juan, Puerto Rico